



Weber County Correctional Facility - Medical Clearance Form

The following must be completed by the pre-screening Registered Nurse		
Name:	DOB:	Booking #:
Arresting Officer:	Agency:	
The Weber County Jail has declined to accept the above named person in the jail pending medical clearance or treatment of the following:		
ATTENTION ARRESTING OFFICER: The jail recommends the following: <input type="checkbox"/> The prisoner be immediately evaluated / treated by an appropriate medical provider. <input type="checkbox"/> The prisoner be transported by ambulance.		
The following documentation must be returned with the prisoner after medical treatment or clearance is obtained from the medical provider. The prisoner may again be refused from jail if our medical staff is unable to provide appropriate medical treatment in the jail. The decision for acceptance or refusal from the jail is made by an appropriately trained Registered Nurse and based upon guidelines established by the Health Authority of the jail.		
RN Name:		
RN Signature:	Date:	Time:

The following must be completed by the medical provider:	
Name of medical provider:	Telephone Number:
Diagnosis:	
Treatment administered:	
Medication(s) prescribed:	
On-going medical requirements:	
Follow-up treatment or instructions:	
This patient has received an appropriate medical screening exam / treatment.	
Attending Physician Signature:	Date: Time:

The following must be completed by pre-screening Registered Nurse upon the prisoner's return to jail:		
Final Disposition (circle):	Accept	Refuse
If prisoner is accepted after receiving medical tx/clearance, HSU administrator notified:		
If prisoner is refused after receiving medical tx/clearance provide rationale / explanation:		
<input type="checkbox"/> Jail Commander approval (A final refusal must be approved by Jail Commander)		
RN Signature:	Date:	Time: